

B 8 - 1940

S. No. 2  
-11-10-39  
-5-17-39  
-I X21492DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

## FILED MAR 7 - 1940 STANDARD CERTIFICATE OF DEATH

8134

State File No.

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 274

## 1. PLACE OF DEATH:

- (a) County St. Louis  
 (b) City or town Maplewood  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution

(Specify whether

In this community  
years, months or days)3. (a) PRINT  
FULL NAMEJohanna C.C. Helmering

## 3. (b) If veteran,

name war.

## 3. (c) Social Security

No.

## 4. Sex

F

## 5. Color or

race

W

## 6. (a) Single, widowed, married,

divorced

W

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if

alive

years

## 7. Birth date of deceased

Sept 25 - 1846

(Month)

(Day)

(Year)

## 8. AGE:

Years

Months

Days

If less than one day

93482

hr.

min.

## 9. Birthplace

Hanover Germ.

(City, town, or county)

(State or foreign country)

## 10. Usual occupation

Neat

## 11. Industry or business

MOTHER FATHER

## 12. Name

Frederick Sommer

## 13. Birthplace

Germany

## 14. Maiden name

Margaret

## 15. Birthplace

Germany

(City, town, or county)

(State or foreign country)

## 16. (a) Informant

Mrs. Joanna Range

## (b) Address

3108 Ellis - Maplewood

## 17. (a)

Cremation

## (b) Date thereof

2-10-40

(Burial, cremation, or entombment)

(Month) (Day) (Year)

## (c) Place: burial or cremation

Valkaria Cemetery

## 18. (a) Signature of funeral director

Louis H. Boyer

## (b) Address

Kirkwood Mo

## 19. (a)

FEB 8 - 1940T. R. Mager M.D.

(Date received local registrar)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

## (a) State

Mo

## (b) County

St. Louis

## (c) City or town

Maplewood

(If outside city or town limits, write "RURAL")

## (d) Street No.

7508 Ellis

(If rural, give location)

## (e) If foreign born, how long in U. S. A.?

years

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH: Month

Feb

day

7

year

1940

hour

3

minute

P

M.

## 21. I hereby certify that I attended the deceased from

Nov 12

19

39

to

Feb 7

19

40

that I last saw him alive on

and that death occurred on the date and hour stated above.

## Immediate cause of death

Carcinoma of the Lower Bowel

Duration

## Due to

## Due to

## Other conditions

General arteriosclerosis

(Include pregnancy within 3 months of death)

## Major findings:

Of operations

Of autopsy

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 22. If death was due to external causes, fill in the following:

## (a) Accident, suicide, or homicide (specify)

## (b) Date of occurrence

## (c) Where did injury occur?

(City or town)

(County)

(State)

## (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

## 23. Signature

Vincent J. Forman

(M. D. or other)

Address

3101 S. Sutton Ave Maplewood

Date signed

2-7-40

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3042

P. O. Address Clayton Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**